

### ***Caution: DRAFT FORM***

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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number				1 Wages, tips, other compensation		2 Samoa income tax withheld	
				\$		\$	
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				\$		\$	
				5 Medicare wages and tips		6 Medicare tax withheld	
				\$		\$	
d Employee's social security number				7 Social security tips		8	
				\$			
e Employee's first name and initial		Last name		11 Nonqualified plans		12a See Form W-3SS instructions	
				\$		\$	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		\$	
				12c		\$	
				12d		\$	
f Employee's address and ZIP code							

Form **W-2AS** American Samoa  
Wage and Tax Statement

**2003**

Department of the Treasury—Internal Revenue Service

**Copy A For Social Security Administration**—Send this entire page with Copy A of Form W-3SS to the Social Security Administration; photocopies are **not** acceptable.

For Privacy Act and Paperwork Reduction Act  
Notice and instructions, see Form W-3SS.

Cat. No. 10140H

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